

**CROSSROADS FUEL SERVICE, INC.**

Virginia Credit Application

Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Personal Account Information**

**Primary Product Used:**

*Name:	*SS#:	*Birthday:	*Phone #:
*Co-Buyer Name:	*SS#:	*Birthday:	Relationship:
*Complete Address (Street, City, State, Zip Code):		Own Home?	Number of Years
		Y N	
Employer:	Address:		Phone #:
Co-Buyers Employer:	Address:		Phone #:
Landlord or Mortgage Holder	Address:		Phone #:
Nearest Relative not living at above residence:	Address:		Phone#:
Bank:	Address:		Phone#:
Credit Reference Name:	Address:		Phone#:
Credit Reference Name:	Address:		Phone#:

I was referred to Crossroads Fuel Service, Inc. by:

Yellow Pages

Printed Ad \_\_\_\_\_

Friend/Relative: \_\_\_\_\_

Source/Name

Crossroads Employee \_\_\_\_\_

Saw our name on a truck

Other: \_\_\_\_\_

**Terms & Conditions:**

The undersigned has given the above information for the purpose of obtaining credit for goods and/or services to be rendered and represents that all information is accurate and complete and gives Crossroads Fuel Service, Inc. permission to verify information from above named sources or any other credit information providing sources. The undersigned agrees to pay for all goods and/or services provided when due. In the event that account balances are not paid when due, the undersigned agrees to pay a **FINANCE CHARGE OF 2% AND/OR ANNUAL PERCENTAGE RATE OF 24%** on all balances from the due date until paid. The undersigned agrees to pay reasonable attorney's fees and all costs incurred in collection.

Terms for this account are as follows unless otherwise stated: Net 10<sup>th</sup> of month following delivery.

Buyer: \_\_\_\_\_

Co-Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Delivery Address (if different from billing address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Product Used:        #2 Fuel Oil        Kerosene        Propane
2. Tank Size:        Tank #1 \_\_\_\_\_ gallons        Tank #2: \_\_\_\_\_ gallons
3. Would you like to be on Keep Fill?        Yes        No
4. Would you like to have a budget payment?        Yes        No

**PROPANE**

1. Is this going to be a new installation or switch out?        New Install        Switch Out
2. Do you own the tank?        Yes        No
- If yes, please attach a copy of the Bill of Sale.
3. What will it be used for?        Heat        Hot Water        Cooking        Fireplace Logs

Please provide any additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_